Response To Office Action Pat. App. Serial No. 09/676,296 Attorney Ref. No. 32156.0005 Page 1

IN THE UNITED STATES AND TRADEMARK OFFICE

In re Patent Application of Boerner

Serial No.: 09/676,296

Filed: September 28, 2000

For: Emotive Index Corresponding To A Message

Examiner: M.J. Sked Group Art Unit: 2655

RESPONSE TO OFFICE ACTION DATED JUNE 29, 2004

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

An office action dated June 29, 2004 (the "Office Action") was received and reviewed. In response to the Office Action, applicant submits the following claim amendments, which start on page 2, and remarks, which start on page 19.

"Express Mail" Mailing Label Number ____ER 952427920 US____

Date of Deposit December 29, 2004

I hereby Certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

R. Kent Roberts

Name of person signing the ogrification

Signature of person signing the certification

December 29, 2004

Date

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	PATENT A			TERMINATIO er 29, 1999	ON RECOR	1	• •		ocket Numl	, [
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY				
FO	R		NUMBER FILED		NUMBER EXTRA		FEE		RATE	FEE	
ВА	SIC FEE						345.00	OR		690.00	
TOTAL CLAIMS		45	45 minus 20=		= 25		235.00	OR	X\$18=		
IND	EPENDENT CL	AIMS 4	minus 3	3 = 1		X39=	3900	OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							1 3/.00	OR	+260=		
If the difference in column 1 is less than zero, enter "0" in column 2							V190	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 2) (Column 3)							ENTITY	OR	OTHER SMALL		
AMENDMENT A.		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DMG	Total		Minus	45	= 31	x\$-925	76	OR	X\$18	·	
MEN	Independent	. 5	Minus	4	=	XIDE	100	OR	×7800	,	
4	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT CLAIM		+ 80			₹		
						TOTAL		OR	TOTAL		
		(Oak		(Caluma 2)	(Column 2)	ADDIT. FEE		OR	ADDIT. FEE		
DIMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=		
AMEN	Independent	٠	Minus	***	=	X39=		OR	X78=	·	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+260=		
						+130= TOTAL ADDIT. FEE		OR OR	TOTAL ADDIT. FEE		
	•	(Column 1)		(Column 2)	(Column 3)	7,0011,125		_		,	
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Š	Total	•	Minus	••	=	X\$ 9=		OR	X\$18=		
Ē	Independent		Minus	***	=		 	1			

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

AMENDMENT C

OR

OR

X39=

+130=

X78=

+260=

TOTAL ADDIT. FEE